Sun	plemental Independent				SUPPLE	MENTAL INDEPI	ENDENT EXPE	NDITURE
Expe	enditure Report nment Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers	-	Date Stamp 8/2/2004	CALIF FO	ORNIA 4	65
SEE INSTRUCTIONS ON REVERSE		Amendment (Explain Below	through <u>6/30/200</u>	4		Page ¹	Page 1 of 5	
	Amendment No 000	- Capitali Below	Date of election i	f applicable:			or Official Use C	
	Report No CM32	-	3/2/2004					
1. Co	ommittee/Filer Information	I.D. NUMBER (if recipient committee) 960382	Treasure	(If recipient c	committee)			
COI	MMITTEE/FILER'S NAME	700302	NAME OF TREA	SURER				
Pla	anned Parenthood Affiliates of California Action Fund		David Alois					
			MAILING ADDRE	ESS				
STF	REET ADDRESS (NO P.O. BOX)							
CIT	TY STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE	ZIP CODE A	AREA CODE/PHC	DNE
			Cassamanta		CA	95814	(016) 446 5247	
	cramento CA TIONAL: FAX/E-MAIL ADDRESS	95814	Sacramento OPTIONAL: FAX	/E-MAIL ADDRE		93814	(916) 446-5247	
	nme of Candidate or Measure Sup ME OF CANDIDATE	oported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRI	CT, IF APPLICABLE			OPPOSE
				T			SUPPORT	
NAM	ME OF BALLOT MEASURE		BALLOT NO./LETTER JURISDICTION		N			OPPOSE
Proj	position 56 - Budget Accountability Act		56	Statewide			X	
3. In	dependent Expenditures Made A	ttach additional information on appropria	tely labeled continuation	sheets.			<u>'</u>	2.5475
ı	DATE NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOU	1	CUMULATIVE TO CALENDAR \ (JAN.1 - DEC	YEAR
2/19/200		Mailer	r		\$2,000.00	\$2,000	•	,
	San Francisco, CA 94107							
	U.S. Postmaster Concord, CA	Mailer	r		\$.00	\$.00		
	Concord, CA							
2/25/200		Mailer	r		\$2,892.48	\$2,892	2.48	
	Concord, CA 94520							

FPPC Form 465 (Jan/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Supplemental Independent Expenditure Report (Government Code Sections 84203.5)		Type or print in ink. Amounts may be rounded to whole dollars.	Report covers period from		SUPPLEMENT Date Stamp 8/2/2004	CALIFORNIA 465			
SEE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Below	w) through <u>6/30/200</u>	4		Page <u>2</u>	of <u>5</u>		
	Amendment No 000	- Alleraniem (Explain Below	Date of election i	f applicable:		For Official L			
	Report No CM32	-	3/2/2004						
1. Commi	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	itee)				
COMMITTEE	E/FILER'S NAME		NAME OF TREA	SURER					
STREET AD	DRESS (NO P.O. BOX)		MAILING ADDRI	ESS					
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CODE	PHONE		
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX/E-MAIL ADDRESS						
2. Name o	of Candidate or Measure Sup	oported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		CHECK ONE		
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUF	PPORT OPPOSE		
3. Indepe	ndent Expenditures Made A NAME AND ADDRE 4by6.com Oakland, CA 94606	1	DESCRIPTION OF		\$.00	CALENI	VE TO DATE DAR YEAR DEC.31)		
2/19/2004	Planned Parenthood Affiliates of California Em Sacramento, CA 95814		l Sent by Sponsor		\$100.00	\$100.00			
2/11/2004	Planned Parenthood Affiliates of San Die San Diego, CA 92108	ego and Riverside Counties Voter	Guide		\$172.04	\$176.50			

FPPC Form 465 (Jan/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Supplemental Independent Expenditure Report (Government Code Sections 84203.5)		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 8/2/2004	CALIFORNIA 465		
SEE INSTRUCTIONS	S ON REVERSE	Amendment (Explain Belo	ow) through <u>6/30/200</u>)4		Page <u>3</u> of <u>5</u>	í	
Ame	endment No 000	Amendment (Explain Belo	Date of election (Month, Da	if applicable:		For Official Use C	of 5 ial Use Only	
	Report No CM32	-	3/2/2004					
1. Committee	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)			
COMMITTEE/FILE	R'S NAME		NAME OF TREA	ASURER				
STREET ADDRES	S (NO P.O. BOX)		MAILING ADDR	ESS				
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PHO	NE	
OPTIONAL: FAX/E	E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS				
2. Name of C	andidate or Measure Sup	pported or Opposed				CHEC	K ONE	
NAME OF CANDID	ATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, I	F APPLICABLE		OPPOSE	
NAME OF BALLOT	MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE	
3. Independe	ent Expenditures Made At	tach additional information on appropr	 iately labeled continuation	n sheets.		CUMULATIVE TO		
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR ((JAN.1 - DEC	.31)	
2/11/2004	Planned Parenthood Affiliates of San Diego, CA 92108	go and Riverside Counties Vote	er Guide		\$4.46	\$176.50		

FPPC Form 465 (Jan/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Supplemental Independent

Type or print in ink.
Amounts may be rounded

	SUPPLEMENTA	L INDEPENDE	NT EXPENDITU	RE
	Report covers period	CALIFORN	11A 165	₹
om _	1/1/2004	FORM	705	4
rougl	6/30/2004	Page 4	of 5	

				nole dollars.	1/1/2004	FORM 465		
					from $\frac{1/1/2004}{}$			
SEE IN	STRUCTIONS ON REVERSE				through <u>6/30/2004</u>	Page <u>4</u>	of <u>5</u>	
NAME C	OF FILER					I.D. NUMBER (If recipient com.)		
Planned	Parenthood Affiliates of California Action Fund					960382		
4. S	Summary							
1.	. Total independent expenditures made of \$	100 or more t	his period. (Part 3.)				\$5,168.98	
2	. Total independent expenditures under \$10	0 made this p	eriod. (Not itemized.))			\$386.11	
	. Total independent expenditures made this	·	· · ·				\$5,555.09	
	. Total independent experience of made the	porioa (rida E						
5. F	iling Officers Enter the name and address o	each filing office	r with whom the filer's mos	st recent campaign stateme	nts (Form 450, 460 or 461) have bee	en filed.		
1)	NAME OF FILING OFFICER			3) NAME OF FILING (OFFICER			
S	ecretary of State			Sacramento County R	egistrar of Voters			
_	DDRESS (NO. AND STREET)		_	ADDRESS	(NO. AND STREET)			
CI	ITY	STATE	ZIP CODE	CITY		STATE	ZIP CODE	
S	acramento	CA	95814	Sacramento		CA	95827	
2)	NAME OF FILING OFFICER			4) NAME OF FILING O	OFFICER			
L	os Angeles County Registrar Recorder			San Francisco County	Registrar Recorder			
ΑC	DDRESS (NO. AND STREET)			ADDRESS	(NO. AND STREET)			
	ITY	STATE	ZIP CODE	CITY		STATE	ZIP CODE	
CI								

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	8/2/2004	By Alois Alois Alois Alois
	DATE	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	8/2/2004	By Alois Alois Alois Alois
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
Executed on		By
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on		By
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 465 (Jan/01) FPPC Toll-Free Helpline: 866/ASK-FPPC